

**FORM 2\***

**Disclosure of Owners, Investors, Managers and Controlling Parties**

**Part I: Ownership Structure**

List all persons and/or entities with any ownership interest, and all officers and directors or members/managers, whether they have ownership interest or not and anyone with managing or operational control of the cultivator license or licensed facility (collectively, "Key Persons"). If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest. Attach a separate sheet if necessary.

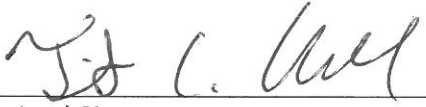
Name Timothy Newell	Title Chief Executive Officer	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]	City Cranston	State RI	ZIP 02921	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity) n/a		Own. % Business Associated with n/a		Effective Own. % in Applicant [REDACTED]
Name Benjamin Viti	Title Chief Operations Off'r	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]	City Hope	State RI	ZIP 02831	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity) n/a		Own. % Business Associated with n/a		Effective Own. % in Applicant [REDACTED]
Name Sengkham Duangpanya	Title Chief Financial Officer	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]	City Stirling	State MA	ZIP 05164	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity) n/a		Own. % Business Associated with n/a		Effective Own. % in Applicant [REDACTED]
Name Joan Newell	Title Chief Marketing Off'r	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]	City Cranston	State RI	ZIP 02920	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity) n/a		Own. % Business Associated with n/a		Effective Own. % in Applicant [REDACTED]
Name Joseph Souza	Title Ops. Mgr.	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]	City East Prov.	State RI	ZIP 02914	Phone Number [REDACTED]

**Rhode Island Department of Business Regulation**  
**Application for Medical Marijuana Cultivator License**

Business Associated with (Parent business or sub-entity) n/a		Own. % Business Associated with n/a		Effective Own. % in Applicant [REDACTED]	
Name Jessie Jacavone		Title Chief Security Officer		SSN/FEIN [REDACTED]	
Address [REDACTED]		City Greene		State RI	
ZIP 02827		Phone Number [REDACTED]		DOB [REDACTED]	
App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Business Associated with (Parent business or sub-entity) [REDACTED]		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Hovannes Yougoubian		Title Shareholder		SSN/FEIN [REDACTED]	
Address [REDACTED]		City Johnston		State RI	
ZIP 02919		Phone Number [REDACTED]		DOB [REDACTED]	
App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Business Associated with (Parent business or sub-entity) n/a		Own. % Business Associated with n/a		Effective Own. % in Applicant [REDACTED]	

Part II: Who, besides the owners and other Key Persons listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business, or hold a security interest therein; or who will receive money or profits from this business. Attach a separate sheet if necessary.

Name	Date of Birth	SSN/FEIN	Interest
Donna Bea Realty, Inc.	n/a	[REDACTED]	[REDACTED]
Safe and Sound Security, LLC	n/a	[REDACTED]	[REDACTED]

  
 Authorized Signatory

3/31/2017  
 Date

Timothy Newell, Chief Executive Officer, Tier 401, Inc.  
 Printed Name